

OPIOID WITHDRAWAL SUPPORT/COMFORT MEDICATIONS

PATIENT COUNSELING EXAMPLES

- These medications are meant to provide comfort and relief from withdrawal symptoms in the short-term while starting buprenorphine/Suboxone or preparing to start naltrexone/Vivitrol. Many are safe for a short duration but have negative long term side effects with chronic use.
- Start withdrawal comfort/support medication(s) prior to stopping your primary opioid. If needed, continue them for the first 1-2 weeks after starting buprenorphine or naltrexone.

AGENTS

Autonomic symptoms (sweating or tachycardia)

- Clonidine 0.1-0.2mg every 6-8 hours. Taper to stop. Hold if blood pressure is less than 90/60
- Alternatives
 - Baclofen 5mg 3x/day. Can continue after acute withdrawal possibly to help cravings, then taper.
 - Gabapentin 300mg 3x/day (or lower), can increase to max 2100mg divided into 2x/day or 3x/day. Also helps with anxiety, pain.
 - Tizanidine 4mg 3x/day, can increase to 8mg 3x/day
- Do not give tizanidine and clonidine together

Anxiety, dysphoria, lacrimation, rhinorrhea

- Hydroxyzine 25-50mg 3x/day as needed
- Diphenhydramine 25mg 4x/day as needed
- Long-term use can have negative impacts on cognition

Myalgias

- Naproxen 375-500mg 2x/day or ibuprofen 600mg 4x/day as needed
- Acetaminophen 650mg every 6 hours
- Topical menthol, capsaicin, lidocaine

Sleep disturbance

- Trazodone 25mg-300mg at bedtime
- Alternative
 - Mirtazapine (especially if depression, methamphetamine use)

Nausea - most prominent in people who have been opioid naive for period of time

- Ondansetron 4mg every 8 hours
- Prochlorperazine 5-10mg every 4 hours
- Promethazine 25mg every 6 hours

Abdominal cramping

- Dicyclomine 20mg every 8 hours

Diarrhea

- Loperamide 4mg initially, then 2mg with each loose stool. Max 16mg total daily.
- Bismuth subsalicylate 524mg every hour, max 4192mg total daily